

DECEASED 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33215
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8883

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital		d. STREET ADDRESS (If rural, give location) 536 Rosedale 3	
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) FLY c. (Last) MARKS		4. DATE OF DEATH (Month) (Day) (Year) 9 22 1952	
5. SEX male	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 7, 1886
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mig	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. U
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Marcus Marks	
13b. MOTHER'S MAIDEN NAME Rose Schreiber		14. NAME OF HUSBAND OR WIFE Frieda Marks.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-34-0742	
17. INFORMANT'S SIGNATURE OR NAME Raymond Marks		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>acute aleukemic leukemia</u> (Type not differentiated) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH less than 8 mo.	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 2043	
21e. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/7/1944 to 9/22, 1952, that I last saw the deceased alive on 9/22, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.			
23a. SIGNATURE Joseph P. Kendis, M.D.		23b. ADDRESS 462 N. Taylor Ave St. Louis 8 mo	
23c. DATE SIGNED 9/23/52		23d. LOCATION (City, town, or county) (State) St. Louis Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 9/24/52	
24c. NAME OF CEMETERY OR CREMATORY Mt. Sinai		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. SEP 23 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Wagner		ADDRESS 4356 Lindell Blv'd	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 4128

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.